

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Ending Spending Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Crossroads Media, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2014		
Mailing Address 66 Canal Center Plaza Suite 555			Amount 466850.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5595 Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2014		
Purpose of Expenditure media placement		Category/ Type 			
Name of Federal Candidate Jeanne Shaheen		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 466850.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Hansen Printing & Design Group, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2014		
Mailing Address 263 Union Square, #4			Amount 30819.00		
City Milford	State NH	Zip Code 03055	Transaction ID : SE.5601 Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2014		
Purpose of Expenditure direct mail		Category/ Type 			
Name of Federal Candidate Jeanne Shaheen		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 531716.11			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			497669.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Nancy H. Watkins</i>		[Electronically Filed]		Date MM / DD / YYYY 08 / 28 / 2014	